

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

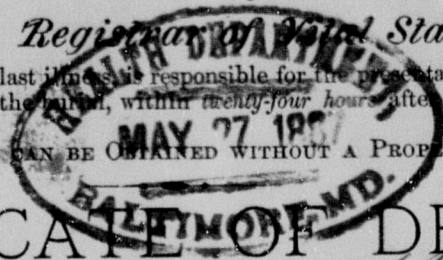
No. *1*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *A 31* Office of Registrar of Vital Statistics. Ward *2*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, *May 26th 1887* (Surr)

Full Name of Deceased, *John Dyer* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, *Male* {Cross out the word not required in this line.}

Age, *74* Years, *3* Months, *8* Days.

Color, *White*

Married, Single, Widow or Widower, *Married* {Cross out the words not required in this line.}

Occupation, *None*

Birth Place, *Germany* {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, *55 years*

Place of Death, *No. 503 E. Pratt St.* {Give Street and Number.}

Cause of Death, {First (Primary), *Asthma*  
Second (Immediate), *day*}

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Resurrection Cemetery*

Date of Burial, *May 29 1887*

{ Undertaker, *SANDER & SONS,* Medical Attendant, *M. D.*  
Place of Business, *No. 1700 & 1710 EAST AVE.* Address, *1111 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. A 32 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 23<sup>rd</sup>. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Bittle

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, one Years, 6 Months,  Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, none

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 620 S. Dallas St.

Cause of Death, { First, (Primary,) Dysentery  
Second, (Immediate,) & weakness

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Evangelical am

Date of Burial, May 27 1887

Undertaker, H. W. SANDER & SONS

Place of Business, 1701 Broadway Address, 701 Broadway

R. L. Salsbery M. D.,  
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department City of Baltimore.

Permit No. A. 33 Office of Registrar of Vital Statistics.

Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL GRANTED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 1<sup>st</sup> 1887

Full Name of Deceased, Chas. Seafort  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 17 Months, 7 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1103 Sumner St. B

Duration of Residence in the City of Baltimore, Sumner St

Place of Death, { Give Street and Number. } 1103 Sumner St. B

Cause of Death, { First (Primary), Second (Immediate), } Acute cardiac

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 28<sup>th</sup>

Undertaker, H. C. Wiedefeld

Place of Business, 916 Green Mt Ave Address, 210 N. 1<sup>st</sup> St

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 02

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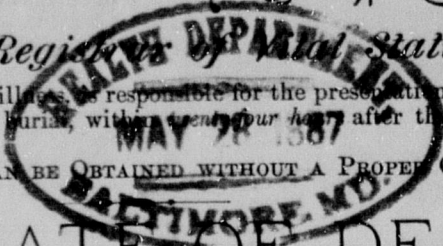
# Health Department, City of Baltimore.

Permit No. A 317 Office of Registrar of Vital Statistics.

Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 27 1887

Full Name of Deceased, William A. West { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, Three Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, — { Cross out the words not required in this line. }

Occupation, —

Birth Place, Maryland { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, —

Place of Death, No. 1456 Harford ave { Give Street and Number. }

Cause of Death, Diphtheritic Croup. { First (Primary), Second (Immediate), } (Asphyxia)

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 28<sup>th</sup> 1887

Undertaker, H. Hockinson Eng. A. Clewell, M. D. Medical Attendant.

Place of Business, — Address, 1241 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department City of Baltimore.

Permit No. A. 35 Office of Registrar of Vital Statistics.

Ward 16<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 28, 87  
Full Name of Deceased, Elizabeth J. Sumner  
Sex, Male or Female, {Cross out the word not required in this line.}  
Age, 4 Years, 9 Months, 4 Days  
Color, white  
Married, Single, Widow or Widower, {Cross out the words not required in this line.}  
Occupation, Baltimore  
Birth Place, {State or country, and how long in the United States, if of foreign birth.}  
Duration of Residence in the City of Baltimore, Baltimore  
Place of Death, {Give Street and Number.} 615 S. Peace  
Cause of Death, {First (Primary), Diphtheria  
Second (Immediate), Asphyxia}  
Duration of Last Sickness, 13 days  
All the above information should be furnished by the Physician.  
Place of Burial, Loudon Park  
Date of Burial, 29 May 87  
{Undertaker, George Leinbach  
Place of Business, 647 W. Pratt St. Address, 949 Madison Ave}  
Medical Attendant, Dr. [Signature] M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. *12*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *A-36* Office of Registrar of Vital Statistics.

Ward *7*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 24 87*

Full Name of Deceased, *Lettie Brown* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *7* Years, *7* Months, *7* Days.

Color, *colored*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Balto Md*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Balto Md*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give Street and Number. } *1818 Biddle St East*

Cause of Death, { First (Primary), Second (Immediate), } *congestion of lungs*  
*Asphyxia*  
*two days*

Duration of Last Sickness, *two days*

All the above information should be furnished by the Physician.

Place of Burial, *Samuel Cemetery*

Date of Burial, *May 28/87*

Undertaker, *Wm J. Summers* M. D.

Place of Business, *76 E. Baltimore* Address, *704 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



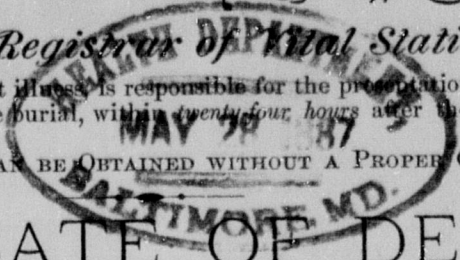
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# Health Department, City of Baltimore.

Permit No. A 37 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death, May 29, 1887

Full Name of Deceased, Henry W. Klein { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 47 Years, 9 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Stone Cutter

Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 27 years

Place of Death, 1107 Shock St { Give Street and Number. }

Cause of Death, Typhoid Fever { First (Primary), Second (Immediate), }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Lawson Park

Date of Burial, May 29

{ Undertaker, B. H. Hall } Theodore B. B. B. M. D. Medical Attendant.

{ Place of Business, 115<sup>th</sup> West } Address, 578 H. H. H.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



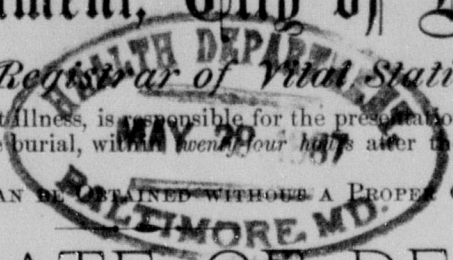
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# Health Department, City of Baltimore.

Permit No. A 38 Office of Registrar of Vital Statistics. Ward 9<sup>2</sup>/<sub>9</sub>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within seven days after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 24th. 4 P.M. 1887

Full Name of Deceased, Benjamin Dixon  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } male

Age, 18 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, City Hospital  
{ Give Street and Number. }

Cause of Death, Suppurative Synovitis of knee  
{ First (Primary), \_\_\_\_\_  
Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Paul Amey

Date of Burial, May 28/87

Undertaker, Geo. Reinhardt

Place of Business, Health Office Address, City Hospital

Chas. D. Ray M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A-39 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 27

Full Name of Deceased, Charles Griffith  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age, 76 Years, 9 Months, 16 Days

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Married

Occupation, Merchant

Birth Place, Maryland  
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, All life

Place of Death, 606 Columbia St  
Give Street and Number.

Cause of Death, Heart failure - Embolism  
First (Primary),  
Second (Immediate),

Duration of Last Sickness, Died within 30 minutes of attack

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park

Date of Burial, May 29th 87

Undertaker, Holmes & Sons

Place of Business, Park & Saratoga

W. F. Kemp M. D.

Medical Attendant.

Address, 305 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



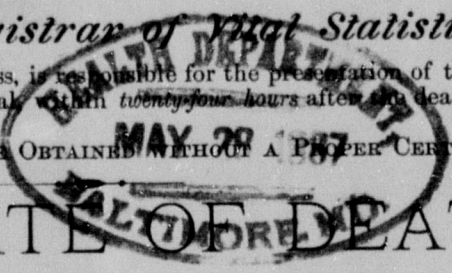
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# Health Department, City of Baltimore.

Permit No. A 40 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 26/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Foreman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 22 Myrtle Ave

Cause of Death, { First (Primary), Second (Immediate), } Consumption  
Arteriosclerosis

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Acacia Cemetery

Date of Burial, May 29 1887

{ Undertaker, Herndon Bros }

{ Place of Business, 404 Commerce St } Address, 639 W Franklin St

J. H. Miller M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]